

**DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF PERSONNEL MANAGEMENT  
SPECIAL ENTRY RATE – EXCEPTIONALLY WELL QUALIFIED APPLICANT**

AGENCY/INSTITUTION

POSITION/ITEM NO.	TITLE (Attach description of job duties)	GRADE	CLASS CODE
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APPLICANT'S NAME	CURRENT SALARY	REQUESTED SALARY
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APPLICANT QUALIFICATIONS: (Summarize) (Attach Resume and Completed State Job Application Form)

MINIMUM QUALIFICATIONS: (As stated on Class Specification)

ATTACH OPM FORM 081 FOR ELIGIBLE APPLICANTS NOT SELECTED

\_\_\_\_\_  
AGENCY/INSTITUTION  
PERSONNEL REPRESENTATIVE

\_\_\_\_\_  
AGENCY DIRECTOR/INSTITUTION HEAD

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE OF PERSONNEL MANAGEMENT - ACTION**

REVIEWED BY:

REVIEWED BY:

\_\_\_\_\_  
OPM PERSONNEL REPRESENTATIVE

\_\_\_\_\_  
CLASSIFICATION/COMPENSATION SECTION

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# ARKANSAS DEPARTMENT OF HEALTH PERFORMANCE EVALUATION GUIDELINES

## RECOMMENDED TABLE OF WEIGHTS

Using the Table of Weights for the number of duty areas you have determined appropriate for the position, record the column of numbers in the weight field for each duty area. For example, if six duty areas are listed, use column 6 from the Table of Weights and record those weights (30, 24, 18, 14, 10, and 4) in the weight fields.

Duty Area	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
1	100	60	50	42	34	30
2		40	32	32	28	24
3			18	16	20	18
4				10	12	14
5					6	10
6						4
Total	100	100	100	100	100	100

## PERFORMANCE CRITERIA GUIDELINES:

QUANTITY OF WORK	Volume of completed work and timeliness of completion.
QUALITY OF WORK	Accuracy of work; thoroughness, assessment/documentation skills
KNOWLEDGE OF WORK	Understanding of all phases of assigned work; understanding agency policies, procedures, and responsibilities.
INITIATIVE/INNOVATION	Generates ideas/starts new projects; creative; self-starter.
PROBLEM SOLVING	Applies procedures and resolves problems logically.
TEAMWORK	Displays teamwork and collaborative skills
COMMUNICATION	Communication has been adequately demonstrated in a consistent timely manner, in written and oral forms. The employee keeps all pertinent parties adequately informed on work tasks and issues.
CUSTOMER SERVICE	Displays skills that contribute positively to the ADH image when interacting with others, both internal and external.

## PERFORMANCE CRITERIA GUIDELINES SPECIFIC TO MANAGERS/SUPERVISORS:

STRATEGY PLANNING	Vision; Takes Appropriate Risks; Communicates Goals/Strategies
ORGANIZATIONAL VALUES	Visible; Values the Individual; Performance Results Orientated; Values Oriented
APPLICATION OF POLICIES	Applies Consistent Application of Policies
MANAGEMENT STYLE	Accessible; Innovative and Fosters Creativity; Personal Style; Unleashes Abilities; Fosters a Positive Work Environment

Evaluators/supervisors consider the performance criteria guidelines above and the following performance evaluation duty area rating definitions in order to select the performance evaluation score (1-5) that best describes the employee's level of performance for each duty area and overall performance. The rating received is determined at the discretion of the evaluator/supervisor.

### PERFORMANCE EVALUATION DUTY AREA RATING DEFINITIONS:

The following are examples of typical behavior for each performance category. This list is not all inclusive. Supervisors may add definitions as needed. To be considered commendable or exceptional, the employee must exhibit the behaviors in the good category plus behaviors from the commendable and/or exceptional categories.

POOR 1	FAIR 2	GOOD 3	COMMENDABLE 4	EXCEPTIONAL 5
<ul style="list-style-type: none"> <li>▪ Significant problems; performance does not meet requirements and objectives</li> <li>▪ Does not meet job performance and expectations</li> <li>▪ Does not complete assigned task in a timely or efficient manner</li> <li>▪ Does not apply self or follow instructions</li> <li>▪ Requires very close monitoring and supervision on some or all job duties</li> <li>▪ Consistently fails to comply with policies, work schedule, and attendance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Needs improvement; performance below expectations in some areas</li> <li>▪ Falls short in meeting job performance and expectations</li> <li>▪ Does not consistently complete assigned task in a timely or efficient manner</li> <li>▪ Does not reflect knowledge, skills, or ability to complete task</li> <li>▪ Job performance is inconsistent</li> <li>▪ Requires close supervision</li> <li>▪ Consistently fails to comply with policies, work schedule, and attendance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meets job standards and performance requirements and objectives</li> <li>▪ Meets job performance and expectations</li> <li>▪ Performs all assigned duties within expected timeframes</li> <li>▪ Meets quality/quantity target goals</li> <li>▪ Performs job duties with limited supervisory direction</li> <li>▪ Accepts direction and feedback from supervisors and follows through appropriately</li> <li>▪ Willing to support other co-workers</li> <li>▪ Meets expectations of good interpersonal skills, customer service, teamwork, and cooperates with coworkers</li> <li>▪ Complies with policies, work schedule, and attendance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Consistently exceeds requirements and objectives</li> <li>▪ Consistently excels in completing assigned duties</li> <li>▪ Performs job duties with minimal supervisory direction</li> <li>▪ Seeks alternatives when obstacles arise</li> <li>▪ Demonstrates behavior that result in positive working relationships</li> <li>▪ Consistently performs above expectations in meeting deadlines</li> <li>▪ Creative in accomplishing job duties</li> <li>▪ Seeks out additional responsibility</li> <li>▪ Complies with policies, work schedule, and attendance</li> <li>▪ Seeks opportunities to improve knowledge, skills, and abilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Exceeds significantly all requirements and objectives, outstanding performance</li> <li>▪ Performs other duties frequently beyond normal job duties</li> <li>▪ Performs special projects or studies</li> <li>▪ Performs supervisor's duties in supervisor's absences</li> <li>▪ Performs job duties with little or no supervisory direction</li> <li>▪ Performs tasks ahead of schedule with very high quality</li> <li>▪ Takes initiative to seek out opportunities to support other co-workers</li> <li>▪ Has mastered all skills and abilities required for the job and teaches others</li> <li>▪ Is proactive and demonstrates foresight in correcting situations that may cause future problems</li> <li>▪ Is highly innovative, with new ideas and implementation of new ideas</li> <li>▪ Complies with policies, work schedule, and attendance</li> </ul>

### OVERALL PERFORMANCE EVALUATION SCALE:

Convert Mid-Point or Year-End Score using the Performance Evaluation Scale and transfer to PER-1973.

1 - 2.99 Unsatisfactory (U)	3 - 3.99 Satisfactory (S)	4.0 - 4.49 Above Average (A)	4.5 - 5 Exceeds Standards (E)
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# ARKANSAS DEPARTMENT OF HEALTH

## Performance Evaluation Criteria/Eligibility Form

Position # \_\_\_\_\_ New Hire ☐ Yes ☐ No Center \_\_\_\_\_

Name \_\_\_\_\_ Supervisor \_\_\_\_\_

AASIS Personnel Number \_\_\_\_\_ AASIS Personnel Number \_\_\_\_\_

Job Title/Class \_\_\_\_\_ Work Phone \_\_\_\_\_

Rating Period From \_\_\_\_\_ Through \_\_\_\_\_

CRITERIA	APPLICABLE TO POSITION	GENERAL CRITERIA (To be completed at the end of the rating period)	FINAL RESULTS
1. Experience	REQUIRED	Promotion: Meets MQ Experience for Higher Position <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Merit Increase: 12 months continuous state employment & 6 months in position if changed positions during performance year <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2. Job Performance	REQUIRED	Promotion: Satisfactory (S), Above Average (A) or Exceeds Standards (E) Merit Increase: Satisfactory (S), Above Average (A) or Exceeds Standards (E) Probation: Unsatisfactory (U) Overall Rating: An <u>Unsatisfactory</u> in any Duty Area precludes awarding an overall <u>Exceeds Standard</u> or <u>Above Average</u> rating during the rating period.	<input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> U
3. Employee Conduct	REQUIRED	Demonstrated Satisfactory Conduct During the Rating Period	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Management Evaluation a. Performance Evaluations b. 86-1 and 93-01	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Criteria Specific to Managers/Supervisor Only</b> I certify by my signature that I have completed all performance evaluations for employees under my supervision and that I am current in attendance of State Mandated Training.  <div style="text-align: right;">                         _____                          Employee's Signature                     </div> <div style="text-align: right;">                         _____                          Date                     </div>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA

**This section is to be completed at the beginning of the Rating Period.**

These criteria were established in consultation with the employee named above.

I have reviewed these criteria and agree that they are appropriate for the position.

I have reviewed these criteria and understand that merit increase and/or Job Series Promotion decisions will be based on these criteria.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewing Official's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**This section is to be completed at the end of the Rating Period.**

RECOMMENDATION: ☐ Exceeds Standards E (4.5 - 5)  
☐ Above Average A (4 - 4.49)  
☐ Satisfactory S (3.0 - 3.99)  
☐ Unsatisfactory U (0 - 2.99) Probation  
☐ Job Series Promotion

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

☐ I agree with Supervisor's recommendation

☐ I disagree with Supervisor's recommendation. Attach narrative documents.

\_\_\_\_\_  
Reviewing Official's Signature

\_\_\_\_\_  
Date

☐ I agree with Supervisor's recommendation

☐ I disagree with Supervisor's recommendation. Attach narrative documents

\_\_\_\_\_  
Oversight Committee Chairperson's Signature

\_\_\_\_\_  
Date

☐ I have reviewed the content of this performance evaluation with my supervisor.

☐ I wish to appeal. I understand that I must provide the written reasons for my appeal with supporting documentation to my Center Director within five (5) working days from the date I reviewed this performance evaluation with my supervisor.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**APPEAL DECISION Decision is final and binding.**

☐ Appeal Approved

☐ Appeal Denied Attach narrative documents

\_\_\_\_\_  
Center Director/Designee's Signature (if applicable)

\_\_\_\_\_  
Date

# ARKANSAS DEPARTMENT OF HEALTH PERFORMANCE EVALUATION FORM

Employee's Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Recommend no more than six duty areas listed in the order of importance. Total weights must equal 100%. Reference the Table of Weights in the Performance Evaluation Guidelines.						
1	DUTY AREA	MID-POINT REVIEW		JUSTIFICATION FOR RATING	*YEAR END EVALUATION	
		Weight:			Weight:	
		Rating:			Rating:	
		Score:			Score:	
2	DUTY AREA	MID-POINT REVIEW		JUSTIFICATION FOR RATING	*YEAR END EVALUATION	
		Weight:			Weight:	
		Rating:			Rating:	
		Score:			Score:	
3	DUTY AREA	MID-POINT REVIEW		JUSTIFICATION FOR RATING	*YEAR END EVALUATION	
		Weight:			Weight:	
		Rating:			Rating:	
		Score:			Score:	
4	DUTY AREA	MID-POINT REVIEW		JUSTIFICATION FOR RATING	*YEAR END EVALUATION	
		Weight:			Weight:	
		Rating:			Rating:	
		Score:			Score:	
5	DUTY AREA	MID-POINT REVIEW		JUSTIFICATION FOR RATING	*YEAR END EVALUATION	
		Weight:			Weight:	
		Rating:			Rating:	
		Score:			Score:	
6	DUTY AREA	MID-POINT REVIEW		JUSTIFICATION FOR RATING	*YEAR END EVALUATION	
		Weight:			Weight:	
		Rating:			Rating:	
		Score:			Score:	
Overall Rating: An <u>Unsatisfactory</u> in any Duty Area precludes awarding an overall <u>Exceeds Standard</u> or <u>Above Average</u> rating during the rating period.						
Record ratings using the Performance Criteria Guidelines and the Performance Evaluation Duty Area Rating Definitions in the Performance Evaluation Guidelines. Multiply the Rating times the Weight for the Score for each duty area. Example: 3 duty areas with ratings of 3. 50 X 3 = 150; 32 X 3 = 96; 18 X 3 = 54. Add the duty area scores together and divide by 100 for the Total Duty Area Score. Example: 150 + 96 + 54 = 300/100 = 3.00 The Total Duty Area Score = 3.00 (Satisfactory).						
TOTAL DUTY AREA SCORE		Weight:	100%	TOTAL DUTY AREA SCORE		
MID-POINT REVIEW		Score:		YEAR-END EVALUATION		
				Weight:	100%	
				Score:		
<p><b>This section is to be completed at the end of the mid-point review.</b></p> <p><input type="checkbox"/> I have reviewed the content of this mid-point review with the employee.      Supervisor's Signature _____ Date _____</p> <p><input type="checkbox"/> I have reviewed the content of this mid-point review with my supervisor.      Employee's Signature _____ Date _____</p>						

**ARKANSAS DEPARTMENT OF HEALTH  
COUNSELING STATEMENT**

INSTRUCTIONS: This form is used to document employee counseling when a supervisor determines that documentation and correction is necessary but that no disciplinary action will be taken, and for probationary employees as required by ADH's Performance Evaluation policy.

Employee's Name \_\_\_\_\_

Personnel Number \_\_\_\_\_ Date of Counseling \_\_\_\_\_

Describe the activity observed. (Be specific as to nature of the activity, date and time):  
\_\_\_\_\_

Employee conduct/performance expected in the future:  
\_\_\_\_\_

Consequences if activity observed is repeated:  
\_\_\_\_\_

☐ Employee is being placed on probation (maximum 180 days).

For a period of \_\_\_\_\_ calendar days beginning \_\_\_\_\_

☐ Employee's probation period is being extended (maximum 180 days).

For a period of \_\_\_\_\_ calendar days beginning \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

I have read the Counseling Statement.

☐ I do wish to submit written comments of my own about this matter.

☐ I do not wish to submit written comments of my own about this matter.

Comments:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

The original of this form is to be filed in the supervisor's file. If the employee's conduct/performance meets the expectations outlined above, the Counseling Statement will be destroyed at the end of the performance cycle in which the statement was issued, or at the end of six months, whichever is later. Provide the employee with one copy of the completed Counseling Statement.

## DISCIPLINARY INVESTIGATION CHECKLIST

THIS FORM MUST BE COMPLETED DURING ANY INVESTIGATION FOR WHICH AN EMPLOYEE IS SUBJECT OF DISCHARGE. BEFORE A SUPERVISOR OR MANAGER RECOMMENDS OR TAKES DISCIPLINARY ACTION, THE SUPERVISOR OR MANAGER MUST COMPLETE EACH QUESTION BY PLACING A CHECK MARK ON EITHER THE "YES" OR "NO" LINE. IF MORE THAN TWO QUESTIONS ARE ANSWERED WITH A "NO" RESPONSE, THE SUPERVISOR OR MANAGER SHOULD CAREFULLY CONSIDER THE DECISION TO DISCHARGE THE EMPLOYEE.

	YES	NO
1. Is the conduct for which the employee is being disciplined a violation of an ADH rule or policy?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the rule or policy published, posted, or known to the employee?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the rule or policy written in clear, well-defined language?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have other employees who may have violated the rule or policy received similar disciplinary treatment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do agency records support all of the above?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the employee been warned previously, and is there a written record of such warning?	<input type="checkbox"/>	<input type="checkbox"/>
7. Was the employee told previously that this particular disciplinary step would be taken if the conduct continued?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has every aspect of the incident been fully investigated? (Witnesses, dates, time, and place)	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the employee receiving fair treatment?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the disciplinary penalty reasonably related to:		
a. the seriousness of the offense	<input type="checkbox"/>	<input type="checkbox"/>
b. the employee's past record, and	<input type="checkbox"/>	<input type="checkbox"/>
c. has the employee's length of service been considered?	<input type="checkbox"/>	<input type="checkbox"/>

IF THE SUPERVISOR OR MANAGER ANSWERED "NO" TO MORE THAN TWO QUESTIONS AND STILL WISHES TO TERMINATE THE EMPLOYEE, THE SUPERVISOR OR MANAGER SHOULD CONTACT THE EMPLOYEE RELATIONS SECTION OF HUMAN RESOURCES TO DISCUSS THE MATTER.



# ARKANSAS DEPARTMENT OF HEALTH

## REQUEST FOR HUMAN RESOURCES POSITION ACTION

County Office/Central Office: \_\_\_\_\_ Position # \_\_\_\_\_

Employee Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First MI

Cost Center \_\_\_\_\_ Internal Order # \_\_\_\_\_

SSN: \_\_\_\_\_ Personnel #: \_\_\_\_\_ Effective: \_\_\_\_\_

Indicate the type of action to be taken on the employee, the reason for the action, and justification.

- ☐ New -Hire ☐ Re-Hire ☐ Promotion ☐ Demotion ☐ Job Share ☐ Concurrent  
☐ Intra-Agency Transfer to \_\_\_\_\_  
☐ Inter-Agency Transfer to \_\_\_\_\_

Comment Section: Reason/Justification for Action listed above

- ☐ Resignation Letter/email; attach Leave Pay Out Authorization Form (OPM Form IT0416) with HR-1161.

Resignation Code: \_\_\_\_\_ (Note: A resignation letter is optional from the employee. If a resignation letter is provided, attach a copy of the HR-1161.)

- ☐ Termination Termination Code \_\_\_\_\_  
\*\*Attached Leave Pay Out Authorization Form (OPM Form IT0416) to HR-1161.\*\*

Termination Reason: \_\_\_\_\_

Other (Be explicit) \_\_\_\_\_

Personnel Area \_\_\_\_\_ (Example: HS29)

Time Administrator's Name \_\_\_\_\_ Time Administrator's Number \_\_\_\_\_

- ☐ Supervisor Position ☐ Non-Supervisor Position

Office Phone Number with Area Code \_\_\_\_\_

Current Position Title \_\_\_\_\_ New Position Title \_\_\_\_\_

Current Class Code \_\_\_\_\_ New Class Code \_\_\_\_\_

Current Job Grade \_\_\_\_\_ New Job Grade \_\_\_\_\_

Current Bi-Weekly Pay Period Hours \_\_\_\_\_ New Bi-Weekly Pay Period Hours \_\_\_\_\_

Current Hourly Rate \$ \_\_\_\_\_ New Hourly Rate \$ \_\_\_\_\_

Provide the required documents to support the following Human Resources Action listed below if it is applicable. (Note: Also, check the appropriate box listed below if the action is applicable.)

OPM Approval Required: Yes ☐ No ☐

- ☐ Exceptionally Well Qualified (Attach OPM Forms 080, 081 and written justification.)  
☐ Labor Market Request  
☐ Completed Application Form, resume, etc., for New Hire request  
☐ Other: Written explanation/justifications/forms attached as needed

Requesting Supervisor/Manager \_\_\_\_\_ Date \_\_\_\_\_

Center Director/ADMO \_\_\_\_\_ Date \_\_\_\_\_

Human Resource Manger \_\_\_\_\_ Date \_\_\_\_\_

Personnel Processing Officer \_\_\_\_\_ Date \_\_\_\_\_



**Arkansas**  
**Department of Health**  
**NOTICE OF DISCIPLINARY ACTION**

**FOR HR USE ONLY**

Employee Relations

Violation Type \_\_\_\_\_

Description Type by Offense Number \_\_\_\_\_

Race \_\_\_\_\_

Sex \_\_\_\_\_

Employee's Name \_\_\_\_\_ AASIS Personnel # \_\_\_\_\_

(Please type or print)

Center/Branch \_\_\_\_\_ Section \_\_\_\_\_ Cost Center \_\_\_\_\_

**PTS. TYPE OF DISCIPLINE**

**LEVEL OF DISCIPLINE**

- |   |                 |   |
|---|-----------------|---|
| 3 | Written Warning | WW will be a permanent part of the employee's record and will be counted for progressive disciplinary purposes for 24 months. |
| 6 | Suspension      | S will be a permanent part of the employee's record and will be counted for progressive disciplinary purposes for 24 months.  |
| 8 | Demotion        | D will be a permanent part of the employee's record and will be counted for progressive disciplinary purposes for 24 months.  |
|   | Discharge       | Permanently remains in employee's personnel file.   |

Number of Points accumulated prior to this violation \_\_\_\_\_

Level of discipline and points assigned for this violation \_\_\_\_\_

Number of Points accumulated with this violation \_\_\_\_\_

**Refer to Employee Disciplinary Policy.**

1. Policy and Standard violated: \_\_\_\_\_
2. Cause for disciplinary action (Be specific as to nature of offense, date and time.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Number of and date(s) of prior violation(s) used for point accumulation and/or progressive discipline: \_\_\_\_\_
4. Disciplinary Action taken for this violation: \_\_\_\_\_
5. Employee conduct or performance expected in future: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Consequences upon next breach of violated standards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

I have read and received a copy of the above statements and have knowledge of the ADH Internal Grievance Procedure. My signature below denotes only knowledge of actions taken and does not necessarily imply agreement.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

cc: Employee  
Originating Supervisor's Personnel File  
**ORIGINAL TO:** Human Resources



## DEPARTMENT OF FINANCE &amp; ADMINISTRATION

## Office of Personnel Management

## Leave Payout Authorization IT0416

Employee Name (Last, First, Middle)			Effective Date: (MM/DD/YY)
Personnel Number	Business Area	Personnel Area	Organization Unit

**LEAVE CATEGORIES AND CODES:** Leave may be requested in 15-minute increments only.

Hour/Minutes		
<input type="checkbox"/> <b>ANNL</b> – Annual	_____	
<input type="checkbox"/> <b>HLDY</b> – Holiday	_____	
<input type="checkbox"/> <b>COMP</b> – Compensatory	_____	
<input type="checkbox"/> <b>EMBD</b> – Employee Birthday	_____	
<input type="checkbox"/> <b>SICK</b> – Sick @ 50%	_____	Retires <b>ONLY</b> Are Eligible
<input type="checkbox"/> <b>SICK</b> – Sick @ 60%	_____	Retires <b>ONLY</b> Are Eligible
<input type="checkbox"/> <b>SICK</b> – Sick @ 70%	_____	Retires <b>ONLY</b> Are Eligible
<input type="checkbox"/> <b>SICK</b> – Sick @ 80%	_____	Retires <b>ONLY</b> Are Eligible

Please note the following:

1. Data must be entered in Infotype 0416 for each leave category.
2. Effective Date for employee exiting state employment should equal employee's termination date.
3. Effective Date for other payouts should equal pay period beginning date.
4. Maximum payout for all Retiree-Sick categories may not exceed \$7,500.
5. The amount due an employee for accrued and/or unused leave shall be paid to the employee in a lump sum upon retirement, resignation, termination or other action only. The lump sum will not exceed 30 days/240 hours of Annual Leave including Holiday Leave. In the event of death of an active employee, 60 days is the maximum Annual Leave Payout including Holiday Leave to the employee's estate.

Employee Signature	Date MM/DD/YY 1/10/08
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**AUTHORIZATION:** I affirm the Agency/Institution has sufficient appropriation as approved by the Chief Fiscal Officer of the state and appropriate funding to expense this action.

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date MM/DD/YY
	Approving Authority	Date MM/DD/YY
	Data Entered By	Date MM/DD/YY

**Comments:**

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